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FORM D

UNITED STATES Mail Processing SECURITIES AND EXCHANGE COMMISSIONSCHOOL

Washington, D.C. 20549

UNIFORM LIMITED OFFERING EXEMPTION

FORM D Mail Processing

APR 23 2008

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SEC

Section

NOTICE OF SALE OF SECURITIES OF DO PURSUANT TO REGULATION DOD **SECTION 4(6), AND/OR**

| SEC USE ONLY | | | | | | | |
|---------------|---|--|--|--|--|--|--|
| Prefix Serial | | | | | | | |
| | | | | | | | |
| DATE RECEIVED | | | | | | | |
| - 1 | 1 | | | | | | |

| Mashington, DC | |
|--|--|
| Name of Offering (Spicheck if this is an amendment and name has changed, and indicate change.) | |
| Pilgim Petroleum Corporation | |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) | ULOE |
| Type of Filing: New Filing | CESSED |
| A LOCAL DEPOCATION PROPERTY OF THE PROPERTY OF | |
| A. BASIC IDENTIFICATION DATA | - 0.008- |
| 1. Enter the information requested about the issuer | PROCESSED MAY 0 2 2008 |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | DEITEKS |
| Pilgim Petroleum Corporation | Telephone Number (localiding Area Code) |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| 4444 Westgrove Dr Skipu Addison, Tx 75001 | 972-381-0400 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| (if different from Executive Offices) | |
| Brief Description of Business . | |
| Oil agas exploration and development company with dom | estic producing crude oil |
| and natural gas properties. | |
| Type of Business Organization | |
| corporation limited partnership, already formed other (pl | case specify): |
| business trust limited partnership, to be formed | LIFERN SAIGH IRIN BONG RICH BUILD ROLL SING RIN (11) |
| Month Year | |
| Actual or Estimated Date of Incorporation or Organization: | ated William W |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: | i 1001/1 2018 i iii ba tiit aasii alaha asiii aalii asaa alii iaan |
| CN for Canada; FN for other foreign jurisdiction) | 08046046 |

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

| A. BASIC IDENTIFICATION DATA | | |
|--|---------------------------------------|--------------------------------------|
| 2. Enter the information requested for the following: | | |
| Each promoter of the issuer, if the issuer has been organized within the past five years; | | |
| Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of | | |
| Each executive officer and director of corporate issuers and of corporate general and management | aging partners of partnership issu | ers; and |
| Each general and managing partner of partnership issuers. | | |
| Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer | Director General a | nd/or ng Partner |
| Full Name (Last name first, if individual) | , , , , , , , , , , , , , , , , , , , | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| 4444 Westgrove Di sk 106 Addison, Tx 75001 | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | Director General a | and/or ng Partner |
| Full Name (Last name first, if individual) | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | Director General a | and/or ng Partner |
| Full Name (Last name first, if individual) | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | Director General a | and/or ng Partner |
| Full Name (Last name first, if individual) | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | Director General Managi | and/or ng Partner |
| Full Name (Last name first, if individual) | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | 114-101-11 |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | Director General Managi | and/or ng Partner |
| Full Name (Last name first, if individual) | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | Director General Managi | and/or ng Partner |
| Full Name (Last name first, if individual) | | ga ggirga garanga a a a a |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| (Use blank sheet, or copy and use additional copies of this sl | sheet, as necessary) | |

| Г | | | | | B. 18 | NFORMATI | ON ABOU | r offeri | NG | | | | |
|-----|--|--|--|--|---|---|--|--|---|---|---|----------------|----------------|
| 1. | Has the | issuer sold | , or does th | | | ll, to non-a | | | | | | Yes | No K |
| 2. | What is | the minim | um investm | | | | | _ | | | | \$30,000.00 | |
| | | | | | | | | | | | | Yes | No |
| 3. | Does the offering permit joint ownership of a single unit? | | | | | | | | | | Ŋ | | |
| 4. | commis If a pers or state: a broke | sion or simon to be list, list the national representation of the second size of the seco | ilar remuner ted is an ass ime of the bi you may so | ation for s ociated pe roker or de et forth the | olicitation rson or age aler. If mo | of purchase int of a brok ore than five | ers in conne er or dealer e (5) person | ection with r registered is to be list | sales of sec I with the S ed are asso | curities in the EC and/or | ne offering. with a state | | |
| Fu | II Name (| Last name | first, if indi | vidual) | | | | | | | | | |
| Bu | siness or | Residence | Address (N | umber and | l Street, Ci | ty. State. Z | ip Code) | | | | | | |
| Na | me of As | sociated Br | oker or Dea | ıler | | | | | **** | | | · | |
| Sta | ates in Wi | nich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| | (Check | "All States | " or check | individual | States) | | | | | (************************************** | | | I States |
| | AL IL MT RI | AK IN NE SC | IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | MA ND WA | FL MI OH WV | GA MN OK WI | MS OR WY | MO PA PR |
| Fu | II Name (| Last name | first, if indi | vidual) | | | | | | | | | |
| Bu | isiness oi | Residence | Address (1 | Number an | d Street, C | City, State, | Zip Code) | | | | | | |
| Na | une of As | sociated Bi | roker or De | aler | | | | | | | | | |
| Sta | | | Listed Has | | | | | | | | | | |
| | (Check | "All State: | s" or check | individual | l States) | | *************************************** | | | | *************************************** | ☐ AI | I States |
| | AL IL MT | AK IN NE SC | IA NV SD | AR KS NII TN | CA KY NJ TX | LA NM UT | ME NY VT | MD NC VA | MA ND WA | MI OH WV | GA MN OK WI | MS OR WY | MO PA PR |
| Fu | ill Name (| Last name | first, if ind | ividual) | | | | | | | | | |
| Bi | usiness o | r Residence | Address (1 | Number ar | id Street, C | City. State. | Zip Code) | | *** | | | | |
| N | ame of As | sociated B | roker or De | aler | | | | | | | · | •••• | |
| St | ates in W | hich Person | n Listed Ha | s Solicited | l or Intend | s to Solicit | Purchasers | · · · · · · · · · · · · · · · · · · · | | | | | - · |
| | (Check | ."All State | s" or check | individua | l States) | | | ••••• | | | •••••• | A! | Il States |
| | AL IL MT | AK IN NE SC | AZ IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | MS OR WY | MO PA PR |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | : | |
|----|--|-----------------------------|--------------------------------------|
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | | - e | e. |
| | Debt | | |
| | Equity | \$ 1,000,000 .0 | -3 40,000; |
| | Common Preferred | d: | ٥ |
| | Convertible Securities (including warrants) | | |
| | Partnership Interests | | |
| | Other (Specify) | \$ | \$ |
| | Total | \$ 1,600,000,50 | \$ 40,000.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | r Number Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | <u></u> | \$ 90,000. D |
| | Non-accredited Investors | | \$ 0.00 |
| | Total (for filings under Rule 504 only) | <u>2</u> | \$ 90,000.00 |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | s e | |
| | | Type of | Dollar Amount |
| | Type of Offering | Security | Sold |
| | Rule 505 | | \$ |
| | Regulation A | | 5 90,000,00 |
| | Rule 504 | | \$ 90,000.00 |
| | Total | | 5 10,000.00 |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure i not known, furnish an estimate and check the box to the left of the estimate. | •, | |
| | Transfer Agent's Fees | | S |
| | Printing and Engraving Costs | | \$ |
| | Legal Fees | 1 | \$ 3,000.00 |
| | Accounting Fees | | \$ |
| | Engineering Fees | _ | \$ |
| | Sales Commissions (specify finders' fees separately) | | s |
| | Other Expenses (identify) | | S |
| | Total | | 5 3400.00 |

| | b. Enter the difference between the aggregate offering price given in response to Part C — Question I and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gros proceeds to the issuer." | S | s 997,000.00 |
|-----|--|--|--|
| 5. | Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used fo each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gros proceeds to the issuer set forth in response to Part C — Question 4.b above. | i | |
| | | Payments to Officers. Directors, & Affiliates | Payments to Others |
| | Salaries and fees | s | |
| | Purchase of real estate | s | |
| | Purchase, rental or leasing and installation of machinery and equipment | | |
| | Construction or leasing of plant buildings and facilities | | |
| | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | П | ПS |
| | Repayment of indebtedness | | |
| | Working capital | | |
| | Other (specify): | _ | |
| | | . 🗆 \$ | \$ |
| | Column Totals | | |
| | Total Payments Listed (column totals added) | . <u> </u> | 0.00 |
| | D. FEDERAL SIGNATURE | | |
| sis | ne issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice and entered the constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comme information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of | ission, upon writt | ule 505, the following on request of its staff, |
| Iss | Signature Signature | Date 4-11-1 |) b |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- ATTENTION -

Name of Signer (Print or Type)

Title of Signer (Princot Type)
Chief Executive Officer

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | E. STATE SIGNA | TURE | | | | | | | |
|----------------|---|--|----------------------------|-----------------------------|-------------------------------|--|--|--|--|
| I. | Is any party described in 17 CFR 230.262 presently subject to any oprovisions of such rule? | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | | | | | | | |
| | See Appendix, Column 5, f | or state respon | se. | | | | | | |
| 2. | The undersigned issuer hereby undertakes to furnish to any state admir D (17 CFR 239.500) at such times as required by state law. | istrator of any | state in which this notice | is filed a no | tice on Form | | | | |
| 3. | 3. The undersigned issuer hereby undertakes to furnish to the state admissuer to offerees. | inistrators. up | oon written request, infor | mation furn | ished by the | | | | |
| 4. | 4. The undersigned issuer represents that the issuer is familiar with the limited Offering Exemption (ULOE) of the state in which this notice of this exemption has the burden of establishing that these condition | is filed and un | derstands that the issuer | entitled to claiming the | the Uniform e availability | | | | |
| | issuer has read this notification and knows the contents to be true and has du authorized person. | ly caused this t | | ehalf by the | undersigned | | | | |
| _ | Pilgin Petroleum Constation Signature | | Date | 040 | | | | | |
| Name (| ne (Print or Type) Title (Print or Type) | T | | | | | | | |
| Q _A | Ralael Pinedo Chief E | xecutive | Officer | | | | | | |

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 2 3 4 1 Disqualification under State ULOE Type of security and aggregate (if yes, attach Intend to sell Type of investor and explanation of offering price to non-accredited amount purchased in State waiver granted) offered in state investors in State (Part C-Item 2) (Part E-Item 1) (Part C-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited Yes No Investors Investors Amount Amount State Yes No ALΑK ΑZ AR $\mathsf{C}\mathsf{A}$ CO CTDΕ DC FL GA НΙ ID ILIN lA KS KY LA ME MD MA ΜI MN MS

APPENDIX 1 2 3 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate Type of investor and amount purchased in State offering price explanation of to non-accredited waiver granted) offered in state investors in State (Part E-Item 1) (Part C-Item 1) (Part C-Item 2) (Part B-Item 1) Number of Number of Non-Accredited Accredited Yes Investors Investors Amount Yes No Amount State No МО МТ NE NVNH NJ NM NYNC ND

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| | | | | APP | ENDIX | | | | | | |
|-------|----------|---|--|--|---------------------------|-----------------------|--|---------------------------|----|--|--|
| 1 | | 2 | 3 | | | 5 Disqualification | | | | | |
| | to non-a | d to sell accredited as in State 3-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) | | amount pu | | amount purchased in State | | | |
| State | Yes | No | | Number of Accredited Investors | Accredited Non-Accredited | | | | No | | |
| WY | | | | | | | | | | | |
| PR | | | | | | | | | | | |

